

PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004
Annual Plan for Fiscal Year 2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: City of Goldsboro Housing Authority

PHA Number: NC015

PHA Fiscal Year Beginning: (mm/yyyy) 07/01/2001

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☒ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☒ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2000 - 2004
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- ☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☒ The PHA's mission is: "THE GOLDSBORO HOUSING AUTHORITY WILL ENDEAVOR TO PARTNER WITH THE COMMUNITY TO PROVIDE DECENT, SAFE, AFFORDABLE HOUSING OPPORTUNITIES TO ITS CUSTOMERS BY PROVIDING EXCELLENT CUSTOMER SERVICE, A WELL MAINTAINED HOUSING STOCK, AND SELF-SUFFICIENCY OPPORTUNITIES FOR WILLING FAMILIES AND RESIDENTS."

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- ☒ PHA Goal: Expand the supply of assisted housing
Objectives:
- ☐ Apply for additional rental vouchers:
 - ☒ Reduce public housing vacancies:
 - ☒ Leverage private or other public funds to create additional housing opportunities: To partner with the City of Goldsboro and a nonprofit organization to develop homeownership opportunities for low-income persons.
 - ☒ Acquire or build units or developments. To purchase at least 1 dwelling unit each year for the homeownership program.
 - ☐ Other (list below)
- ☒ PHA Goal: Improve the quality of assisted housing
Objectives:
- ☒ Improve public housing management: (PHAS score) Extensive training for all GHA employees relative to key components of the PHAS system to

increase scoring 2% each year for the next 5 years or until High Performer Designation is attained.

- ☒ Improve voucher management: (SEMAP score)
- ☒ Increase customer satisfaction: To establish a quality control program for maintenance work orders to ensure the quality of work performed by maintenance staff is satisfactory. The Supervisory staff will inspect 1% random sample of work orders. Maintenance staff having deficiencies will be identified, counseled, and trained.
- ☒ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) To establish a quality control program for maintenance work orders to ensure the quality of work performed by maintenance staff is satisfactory. The Supervisory staff will inspect 1% random sample of work orders. Maintenance staff having deficiencies will be identified, counseled, and trained. A new computer system has been installed but must be refined to allow easy access for the Data Specialist to sort out clusters of problems and identify capital needs projects.
- ☒ Renovate or modernize public housing units: 20 units per year in NC15-6
- ☐ Demolish or dispose of obsolete public housing:
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)

- ☒ PHA Goal: Increase assisted housing choices
Objectives:
 - ☒ Provide voucher mobility counseling:
 - ☒ Conduct outreach efforts to potential voucher landlords. To provide an annual workshop to solicit new landlords.
 - ☐ Increase voucher payment standards
 - ☐ Implement voucher homeownership program:
 - ☒ Implement public housing or other homeownership programs: To purchase at least 1 dwelling unit each year for the homeownership program.
 - ☐ Implement public housing site-based waiting lists:
 - ☐ Convert public housing to vouchers:
 - ☐ Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

- ☒ PHA Goal: Provide an improved living environment
Objectives:

- ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- ☒ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- ☒ Implement public housing security improvements: We have budgeted for security screens and dead bolt locks in NC15-7 over the next 5 years.
- ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- ☐ Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

- ☒ PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- ☐ Increase the number and percentage of employed persons in assisted families:
- ☒ Provide or attract supportive services to improve assistance recipients' employability: To work with local agencies through cooperative agreements to provide self-sufficiency programs for residents.
- ☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- ☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: To participate in workshops and training sessions developed to bring awareness of fair housing and equal opportunity.
- ☐ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- ☐ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2000
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

☐ **Standard Plan**

Streamlined Plan:

- ☒ **High Performing PHA**
☐ **Small Agency (<250 Public Housing Units)**
☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

- ☒ Admissions Policy for Deconcentration (nc015a02)
- ☒ FY 2001 Capital Fund Program Annual Statement (nc015b02)
- ☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- Performance and Evaluation Report as of December 31, 2000 (nc015n02)
- Membership of Resident Advisory Board (nc015g02)
- Resident Membership of the PHA Governing Board

Optional Attachments:

- ☐ PHA Management Organizational Chart
- ☒ FY 2001 Capital Fund Program 5 Year Action Plan (nc015c02)
- ☒ Public Housing Drug Elimination Program (PHDEP) Plan (nc015d02)
- ☒ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) (nc015e01)
- ☒ Other (List below, providing each attachment name)
- Progress in Meeting 5 Yr. Plan Mission and Goals (nc015f02)

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
*	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
*	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	
*	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
*	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
*	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
*	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
*	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
*	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
*	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
*	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
*	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
*	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
*	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
*	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
*	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
*	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
*	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
*	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
*	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
*	Other supporting documents (optional) GHA Follow UP Plan	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	1670	3	NA	NA	NA	NA	NA
Income >30% but <=50% of AMI	1256	3	NA	NA	NA	NA	NA
Income >50% but <80% of AMI	1919	2	NA	NA	NA	NA	NA
Elderly	1195	3	NA	NA	NA	NA	NA
Families with Disabilities	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s
Indicate year: 2000
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy
("CHAS") dataset
- ☐ American Housing Survey data
Indicate year:
- ☐ Other housing market study
Indicate year:
- ☐ Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	84		28%
Extremely low income <=30% AMI	79	94	
Very low income (>30% but <=50% AMI)	5	6	
Low income (>50% but <80% AMI)	0	0	
Families with children	80	95	
Elderly families	4		
Families with Disabilities			
Race/ethnicity Black	73	87	
Race/ethnicity White	11	13	
Race/ethnicity Hispanic			
Race/ethnicity Non-Hispanic			
Characteristics by Bedroom Size (Public Housing Only)			

Housing Needs of Families on the Waiting List			
1BR	31	37	
2 BR	37	44	
3 BR	13	16	
4 BR	2	2	
5 BR	1	1	
5+ BR	0	0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input checked="" type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	238		25%
Extremely low income <=30% AMI	218	92	
Very low income (>30% but <=50% AMI)	19	8	
Low income (>50% but <80% AMI)	1	0	
Families with children	180	75	
Elderly families	12	5	
Families with Disabilities	46	20	
Race/ethnicity Black	228	96	
Race/ethnicity White	10	4	
Race/ethnicity			

Housing Needs of Families on the Waiting List			
Hispanic	0	0	
Race/ethnicity Non-Hispanic	238	100	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	36	15	
2 BR	94	40	
3 BR	93	39	
4 BR	15	6	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: How long has it been closed (# of months)? 9mo Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

The greatest need, based on the waiting list, at this time is for more affordable housing. The GHA's plans are to ensure that the housing stock we currently have are well maintained through extensive training and management improvements; to expand homeownership through a partnership with the City of Goldsboro, and to purchase at least 1 dwelling unit each year utilizing the rent-to-purchase program

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☐ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development

- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☐ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☒ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☒ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- ☐ Apply for additional section 8 units should they become available
- ☐ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- ☒ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☒ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☒ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- ☒ Employ admissions preferences aimed at families who are working

- ☒ Adopt rent policies to support and encourage work
☐ Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- ☐ Seek designation of public housing for the elderly
☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
☒ Other: (list below) The GHA has 100 units designated for the elderly and continues to monitor data for increased number of elderly.

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
☒ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
☐ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
☐ Affirmatively market to local non-profit agencies that assist families with disabilities
☐ Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
☐ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units

- ☒ Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☐ Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☐ Staffing constraints
- ☒ Limited availability of sites for assisted housing
- ☒ Extent to which particular housing needs are met by other organizations in the community
- ☒ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☐ Influence of the housing market on PHA programs
- ☐ Community priorities regarding housing assistance
- ☐ Results of consultation with local or state government
- ☐ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☐ Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2000 grants)		
a) Public Housing Operating Fund	2,027,067.00	
b) Public Housing Capital Fund	2,646,251.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
e) Annual Contributions for Section 8 Tenant-Based Assistance	792,945.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	280,798.00	
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	2,243,680.00	Public Housing Operations
4. Other income (list below)		
4. Non-federal sources (list below)		
Interest income	101,020.00	Public Housing Operations
Excess utility	52,500.00	Public Housing Operations
Total resources	8,144,261.00	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☐ When families are within a certain number of being offered a unit: (state number)
- ☐ When families are within a certain time of being offered a unit: (state time)
- ☒ Other: (describe) When application is submitted and re-verify at time of offer of a unit.

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☒ Housekeeping
- ☐ Other (describe)

c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2) Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☒ Community-wide list
- ☐ Sub-jurisdictional lists
- ☐ Site-based waiting lists
- ☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office
- ☐ PHA development site management office
- ☐ Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?

3. ☐ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☐ PHA main administrative office
- ☐ All PHA development management offices
- ☐ Management offices at developments with site-based waiting lists
- ☐ At the development to which they would like to apply
- ☐ Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☐ One
- ☐ Two
- ☒ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

☒ Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☒ Emergencies
- ☐ Overhoused
- ☒ Underhoused
- ☒ Medical justification
- ☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
- ☐ Resident choice: (state circumstances below)
- ☐ Other: (list below)

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☒ Victims of domestic violence
- ☒ Substandard housing
- ☒ Homelessness
- ☒ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☒ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second

priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences:

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing
- 1 Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- 1 Substandard housing
- 1 Homelessness
- 1 High rent burden

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☒ Victims of reprisals or hate crimes
- ☒ Other preference(s) (list below)
Working families as allowed by the QWHRA of 1998

4. Relationship of preferences to income targeting requirements:

- ☒ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease
- ☒ The PHA's Admissions and (Continued) Occupancy policy
- ☒ PHA briefing seminars or written materials
- ☒ Other source (list)
The GHA has published a Resident Handbook that is given out at lease up.

b. How often must residents notify the PHA of changes in family composition?
(select all that apply)

- ☒ At an annual reexamination and lease renewal
- ☒ Any time family composition changes
- ☐ At family request for revision
- ☐ Other (list)

(6) Deconcentration and Income Mixing

a. ☒ Yes ☐ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☒ Yes ☐ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- ☐ Adoption of site based waiting lists
If selected, list targeted developments below:
- ☒ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
All Developments
- ☐ Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- ☐ Other (list policies and developments targeted below)

d. ☒ Yes ☐ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- ☒ Additional affirmative marketing
- ☐ Actions to improve the marketability of certain developments

- ☒ Adoption or adjustment of ceiling rents for certain developments
- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- ☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- ☐ Not applicable: results of analysis did not indicate a need for such efforts
- ☒ List (any applicable) developments below:

NC15-1,NC15-2,NC15-3,NC15-4,NC15-5,NC15-6,NC15-7,NC15-8

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- ☐ Not applicable: results of analysis did not indicate a need for such efforts
- ☒ List (any applicable) developments below:

Little Washington

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- ☒ Criminal or drug-related activity only to the extent required by law or regulation
- ☐ Criminal and drug-related activity, more extensively than required by law or regulation
- ☐ More general screening than criminal and drug-related activity (list factors below)
- ☐ Other (list below)

b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- ☐ Criminal or drug-related activity
☒ Other (describe below)
Previous Housing Record

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- ☒ None
☐ Federal public housing
☐ Federal moderate rehabilitation
☐ Federal project-based certificate program
☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- ☒ PHA main administrative office
☒ Other (list below)
Section 8 Office
1608 E. Holly St.
Goldsboro, NC 27530

(3) Search Time

a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

If the applicant has more than one request approval on file or unable to find suitable unit

(4) Admissions Preferences

a. Income targeting

☒ Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☒ Victims of domestic violence
- ☒ Substandard housing
- ☒ Homelessness
- ☒ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☒ Other preference(s) (list below)
Working families as allowed by the QWHRA of 1998

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- 1 Substandard housing
- 1 Homelessness
- 1 High rent burden

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability

- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☒ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☒ Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one) NA

- ☐ This preference has previously been reviewed and approved by HUD
- ☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☒ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☐ The Section 8 Administrative Plan
- ☐ Briefing sessions and written materials
- ☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☐ Through published notices
- ☐ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- ☒ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- ☐ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☐ \$1-\$25
☐ \$26-\$50

2. ☐ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☐ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?
2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:
- d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)
- ☐ For the earned income of a previously unemployed household member
- ☐ For increases in earned income
- ☐ Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:
- ☐ Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:
- ☐ For household heads
- ☐ For other family members
- ☐ For transportation expenses
- ☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
- ☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)
- ☐ Yes for all developments
- ☐ Yes but only for some developments
- ☐ No
2. For which kinds of developments are ceiling rents in place? (select all that apply)
- ☐ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes

☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☐ Fair market rents (FMR)
- ☐ 95th percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
- ☐ At family option
- ☐ Any time the family experiences an income increase
- ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
- ☐ Other (list below)

g. ☐ Yes ☐ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☐ The section 8 rent reasonableness study of comparable housing
- ☐ Survey of rents listed in local newspaper
- ☐ Survey of similar unassisted units in the neighborhood
- ☒ Other (list/describe below)

The GHA followed HUD guidelines when establishing ceiling rents which are also flat rents. The final calculations were approved by HUD.

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☒ 100% of FMR
- ☐ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☐ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
- ☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☐ Success rates of assisted families
☒ Rent burdens of assisted families
☐ Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☐ \$1-\$25
☒ \$26-\$50

b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- ☐ An organization chart showing the PHA's management structure and organization is attached.
☒ A brief description of the management structure and organization of the PHA follows:

The GHA is governed by a seven member board. The agency is organized under the executive director and four main divisions;

- ◆ Management. This division is responsible for the day-to-day operation of the agency's conventional public housing (1225 units). Departments included are: Occupancy; responsible for maintaining the waiting list, Maintenance; responsible for routine and emergency work order intake and routine and preventive maintenance, Housing Managers; responsible for rent collections and recertification. Also within this division is legal services, drug elimination and resident services.
- ◆ Section 8. This division is responsible for the agency's leased-housing programs, the waiting list, annual reexaminations, unit inspections, and quality control.

- ◆ Finance and Administration. This division is responsible for all accounting, procurement, payroll and general services.
- ◆ Modernization. This division is responsible for the management of the agency's capital program, from design to oversight of general contractors.

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	1187	350
Section 8 Vouchers	71	
Section 8 Certificates	133	
Section 8 Mod Rehab	NA	
Special Purpose Section 8 Certificates/Vouchers (list individually)	NA	
Public Housing Drug Elimination Program (PHDEP)	1124	
Other Federal Programs(list individually)		

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

The GHA Maintenance Policy ; included in this is:

- ◆ an emergency gas plan,

- ◆ extermination plan; that each unit is treated bi-annually and again weekly for follow-up and newly leased units(this is contracted out to other agencies),
- ◆ an inspection policy; that each unit is inspected annually
- ◆ a Quality Control Inspection Policy. The GHA has established a QCI Team of inspectors to inspect randomly selected units to ensure the quality of work performed, and that HQS standards are met. Any areas of deficiencies will be identified and responded to. The goal is to inspect 1% annually.

The Admissions & Continued Occupancy Policy

The Procurement Policy

The Personnel Policy

The GHA proposes some changes or revisions. (see attachment J.)

(2) Section 8 Management: (list below)

The Section 8 Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☒ PHA main administrative office
☒ PHA development management offices
☐ Other (list below)

B. Section 8 Tenant-Based Assistance

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☒ PHA main administrative office
☒ Other (list below)
PHA development management offices

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

- ☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) (nc015b02)

-or-

- ☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

- a. ☒ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name(nc015c02))

-or-

☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development
- ☐ Revitalization Plan submitted, pending approval
- ☐ Revitalization Plan approved
- ☐ Activities pursuant to an approved Revitalization Plan underway

☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name/s below:

☐ Yes ☒ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
If yes, list developments or activities below:

- ☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:
7. Coverage of action (select one)

- ☐ Part of the development
☐ Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

Conversion of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY)	

<input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

The GHA Homeownership Program is administered through the Goldsboro Development Corporation, a 501c(3) nonprofit, partnering with other local agencies to address the housing needs of the low-income population.

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing**

PHA status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name:
1b. Development (project) number:
2. Federal Program authority:
<input type="checkbox"/> HOPE I
<input type="checkbox"/> 5(h)
<input type="checkbox"/> Turnkey III
<input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)
<input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program
<input type="checkbox"/> Submitted, pending approval
<input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected:
6. Coverage of action: (select one)
<input type="checkbox"/> Part of the development
<input type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants
☐ 26 - 50 participants
☐ 51 to 100 participants
☐ more than 100 participants

b. PHA-established eligibility criteria

☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

The GHA has developed a policy on the administration of the Community Service Requirement that will be implemented with the approval of this annual plan. The lease has been revised to accommodate the regulation and policy. For Community Service Policy see attachment (nc015h02)

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

☒ Yes ☐ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? 12/05/2000

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☐ Client referrals
☐ Information sharing regarding mutual clients (for rent determinations and otherwise)

- ☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☐ Public housing rent determination policies
- ☐ Public housing admissions policies
- ☐ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☐ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting	Access (development office / PHA main office /	Eligibility (public housing or section 8

		list/random selection/specific criteria/other)	other provider name)	participants or both)

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

- b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

- The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
 - ☐ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
 - ☐ Informing residents of new policy on admission and reexamination
 - ☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
 - ☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services

- ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

The GHA has developed a policy on the administration of the Community Service Requirement that will be implemented with the approval of this annual plan. The lease has been revised to accommodate the regulation and policy. For Community Service Policy see attachment (nc015h02)

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☐ Residents fearful for their safety and/or the safety of their children
- ☐ Observed lower-level crime, vandalism and/or graffiti
- ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☐ Safety and security survey of residents
- ☐ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☐ Resident reports
- ☐ PHA employee reports
- ☐ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs

☐ Other (describe below)

3. Which developments are most affected? (list below)

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☐ Crime Prevention Through Environmental Design
- ☐ Activities targeted to at-risk youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☐ Police provide crime data to housing authority staff for analysis and action
- ☐ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☐ Police regularly testify in and otherwise support eviction cases
- ☐ Police regularly meet with the PHA management and residents
- ☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)

2. Which developments are most affected? (list below)

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☒ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☒ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- ☒ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename:nc015d02)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

The GHA has developed and adopted a pet policy following regulations of the Final Rule that will become effective with the approval of this annual plan. The lease has been revised to accommodate the policy. For Pet Policy see attachment (nc015i02)

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? _____
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating,

capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

- ☐ Not applicable
- ☐ Private management
- ☐ Development-based accounting
- ☐ Comprehensive stock assessment
- ☐ Other: (list below)

3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

- ☒ Attached at Attachment (File name) nc015q02
- ☐ Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

- ☒ Considered comments, but determined that no changes to the PHA Plan were necessary.
- ☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:
- ☐ Other: (list below)

B. Description of Election process for Residents on the PHA Board

See Attachment nc015j02

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

- ☐ Candidates were nominated by resident and assisted family organizations
☐ Candidates could be nominated by any adult recipient of PHA assistance
☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
☐ Other: (describe)

b. Eligible candidates: (select one)

- ☐ Any recipient of PHA assistance
☐ Any head of household receiving PHA assistance
☐ Any adult recipient of PHA assistance
☐ Any adult member of a resident or assisted family organization
☐ Other (list)

c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
☐ Representatives of all PHA resident and assisted family organizations
☐ Other (list)

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (City of Goldsboro)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

☐ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The Consolidate Plan and the PHA Plan both strive to provide safe, sanitary and decent housing. Both plans meet the priority to provide low-income households with affordable housing. The PHA has partnered with the City to develop homeownership opportunities for low-income persons.

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

Definition of “Substantial Deviation” and “Significant Amendment or Modification”

Criteria for determining substantial deviation from Five Year Plan and significant amendment or modification to Five Year and Annual Plans:

Substantial deviation or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners and the public comment process

Attachments

Use this section to provide any additional attachments referenced in the Plan

Admissions Policy for Deconcentration (nc015a02)

FY2001 Capital Fund Annual Statement (nc015b02)

FY2001 Capital Fund Program 5 Year Action Plan (nc015c02)

PHDEP PLAN (nc015d02)

Comments of Residents (nc015e02)

Progress Report for 5 Year Goals and Objectives (nc015f02)

Membership of Resident Advisory Board (nc015g02)

Community Service Policy (nc015h02)

Pet Policy (nc015i02)

Resident Membership of PHA Governing Board (nc015j02)

Proposed Changes (nc015k02)

Follow Up Plan (nc015l01)

Notice Requirements (nc015m01)

Capital Fund Annual Statement/Performance and Evaluation Report (nc015n02)

Capital Fund Annual Statement/Performance and Evaluation Report (nc015o02)

Capital Fund Annual Statement/Performance and Evaluation Report (nc015p02)

PHA Plan Table Library

Component 7 Capital Fund Program Annual Statement Parts I, II, and II

Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number FFY of Grant Approval: (MM/YYYY)

☐ Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

Annual Statement

Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost over next 5 years				

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification		Activity Description						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>

HOUSING AUTHORITY OF THE CITY OF GOLDSBORO, N.C.

DECONCENTRATION PLAN

After performing an analysis of relative tenant incomes and household incomes of census tracts, the results indicate a successful mix of income levels achieved throughout. This has been accomplished through careful applicant placement efforts as well as an aggressive maintenance plan (See Maintenance Plan) to elevate standards of apartment preparation. This includes a corresponding budget commitment which funds the significant repairs required during unit turnover. Our plans are to continue this commitment as budget allows. Additionally, we have a comprehensive renovation plan (See Capital Fund) in place which is targeting distressed developments in an attempt to make the units competitive with the private market stock. We expect that this will attract higher income families so that we can mix higher income levels with the predominantly low income levels already in our public housing profile. Implementation of ceiling rents will also be beneficial in our goals to attract higher income families. We will transition ceiling rents to flat rents over the next three years. Based on the success of our current approach to income-mixing, we have no plans to implement an incentive program at this time other than continuing a preference for working families.

Likewise, our Section 8 program has been successful in achieving a mix of tenant income levels. Our plan to continue the process will be improved by establishing a Payment Standard equal to 110% of Fair Market rent. This will attract new landlords from a variety of areas to further disperse concentration of low income housing. We anticipate that it will also provide an influx of units that will offer improved amenities to attract higher income families since the payment standard allows for higher rents.

INCOME ANALYSIS SUMMARY FOR LOW RENT AND SECTION 8

LOW RENT PROJECT NO.	EXTREMELY LOW INCOME	VERY LOW INCOME	LOW INCOME	HIGHER INCOME
01	72.79%	21.32%	05.15%	0.74%
02	83.58%	13.43%	02.99%	0.00%
03	77.39%	17.39%	05.22%	0.00%
04	78.95%	16.27%	04.31%	0.48%
05	70.27%	27.03%	02.70%	0.00%
06	76.09%	16.67%	07.25%	0.00%
07	84.68%	11.56%	03.18%	0.58%
08	30.61%	53.06%	16.33%	0.00%
PHA-WIDE AVG.	77.44%	17.49%	04.75%	0.33%
SECTION 8	77.27%	15.00%	7.27%	0.45%

Annual Statement /Performance and Evaluation Report

Capital Fund Program (CFP)

Part I: Summary

U.S. Department of Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

and Urban Development

Office of Public and Indian Housing

HA Name

Comprehensive Grant Number

FFY of Grant Approval

Housing Authority of the City of Goldsboro

NC19PO15503-01

2001

☒ Original Annual Statement
 ☐ Reserve for Disasters/Emergencies
 ☐ Revised Annual Statement/Revision Number
 ☐ Performance and Evaluation Report for Program Year Ending

☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19)	0			
3	1408 Management Improvements	87,000			
4	1410 Administration	154,908			
5	1411 Audit	6,680			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	82,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	95,000			
10	1460 Dwelling Structures	1,453,160			
11	1465.1 Dwelling Equipment - Nonexpendable	23,000			
12	1470 Nondwelling Structures	165,000			
13	1475 Nondwelling Equipment	48,000			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1495.1 Relocation Costs	20,000			
17	1498 Mod Used for Development	0			
18	1502 Contingency (May not exceed 8% of line 19)	94,361			
19	Amount of Annual Grant (Sum of lines 2-15)	2,229,109			
20	Amount of line 19 Related to LBP Activities	0			
21	Amount of line 19 Related to Section 504 Compliance	0			
22	Amount of line 19 Related to Security	265,000			
23	Amount of line 19 Related to Energy Conservation Measures	0			

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

**Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part II: Supporting Pages**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-1 FAIRVIEW	Sitework	1450	L.S.	12,500				
NC 15-2 LINCOLN	Sitework	1450	L.S.	12,500				
NC 15-3 FAIRVIEW	Sitework	1450	L.S.	12,500				
	Security Screen Windows	1460	115 du.	185,000				
NC 15-4 LINCOLN	Sitework	1450	L.S.	12,500				
NC 15-6 ELMWOOD	Comprehensive Renovations	1460	38 du	1,000,000				
	Relocation Cost	1495	L.S.	20,000				
	Ranges	1465	38 du	10,000				
	Refrigerators	1465	38 du	13,000				
	Sitework	1450	L.S.	10,000				
NC 15-7 WEST HAVEN	Security Screens windows	1460	100 du.	160,000				
FAIRVIEW EAST	Interior/Exterior Renovation							
	Community Center	1470	L.S.	20,000				
	Sitework	1470	L.S.	20,000				
NC 15-8 LITTLE WASHINGTON	Office/Center Renovation	1470	L.S.	125,000				
	Sitework	1450	L.S.	5,000				

Signature of Executive Director and Date

X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

**Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part II: Supporting Pages**
**U.S. Department of Housing
and Urban Development**

OMB Approval No 2577-0157 (Exp 7/31/98)

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA WIDE	Auto Equipment	1475		35,000				
NONDWELL	Computer Upgrade	1475		10,000				
EQUIPMENT	Office & Maintenance Equipmen	1475		3,000				
PHA WIDE	Operations	1406		0				
	Resident Management Training/ Assist Resident Groups	1408		0				
	Employee Training	1408		5,000				
	Consult Computer Conversion	1408		25,000				
	Computer Software	1408		5,000				
	Salary - Police	1408		0				
	Manager Informations System	1408		36,400				
	Fringe Benefits	1408		15,600				
PHA WIDE	Administrative Salaries	1410		134,874				
	Benefits	1410		17,534				
	Sundry	1410		2,500				
	Audit	1411		6,680				
	Fees/Costs	1430		57,000				
	Fees/Costs/ Engineering Study	1430		25,000				
	Contingency	1502		94,361				
	Fringe Benefits	1460		108,160				
	Fringe Benefits	1450		10,000				
	Roof Replacement							
	Service Center	1470		20,000				
				2,229,109				

Signature of Executive Director and Date

X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

form HUD-52837 (10/96)

ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part III: Implementation Schedule

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-1 FAIRVIEW	Dec 2003			Dec 2004			
NC 15-2 LINCOLN	Dec 2003			Dec 2004			
NC 15-3 FAIRVIEW	Dec 2003			Dec 2004			
NC 15-4 LINCOLN	Dec 2003			Dec 2004			
NC 15-5 WOODCREST	Dec 2003			Dec 2004			
NC 15-6 ELMWOOD	Dec 2003			Dec 2004			
NC 15-7 WEST HAVEN	Dec 2003			Dec 2004			
Signature of Executive Director and Date X				Signature of Public Housing Director/Office of Native American Programs Administrator and Date X			

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

Five-Year Action Plan
Part III: Supporting Pages
Management Needs Work Statement(s)
Capital Fund Program (CFP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp. 7/31/98)

Work Statement for Year 1 FFY: 2001	Work Statement for Year 4 FFY: 2004			Work Statement for Year 5 FFY: 2005		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	RESIDENT MANAGEMENT TRAINING/ASSIST RESIDENT GROUPS		0	RESIDENT MANAGEMENT TRAINING/ASSIST RESIDENT GROUPS		0
	EMPLOYEE TRAINING		5,000	EMPLOYEE TRAINING		5,000
	POLICE SALARIES		0	POLICE SALARIES		0
	CONSULTANT - COMPUTER CONVERSION		26,000	CONSULTANT - COMPUTER CONVERSION		26,000
	COMPUTER SOFTWARE		10,000	COMPUTER SOFTWARE		10,000
	MANAGER INFORMATION SYSTEM		40,945	MANAGER INFORMATIONS SYSTEM		42,583
	FRINGE BENEFITS MANAGEMENT IMPROVE.		17,547	FRINGE BENEFITS MANAGEMENT IMPROVE.		18,249
	ADMINISTRATIVE SALARIES		151,715	ADMINISTRATIVE SALARIES		157,783
	BENEFITS		19,723	BENEFITS		20,512
	SUNDRY		2,500	SUNDRY		2,500
	AUDIT		6,680	AUDIT		6,680
	FEES/COSTS		10,000	FEES/COSTS		10,000
	CONTINGENCY		35,864	CONTINGENCY		79,688
	OPERATIONS		0	OPERATIONS		70,000
	Subtotal of Estimated Cost		325,974	Subtotal of Estimated Cost		448,995

form HUD 52834(10/96)
ref Handbok 7485.3

Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

Section 1: General Information/History

A. Amount of PHDEP Grant \$ 299,989.00

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R x

C. FFY in which funding is requested 2001

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

Goldsboro Housing Authority is a medium sized agency. Our strategies to eradicate the negative elements from our communities are to aggressively plan and implement early prevention/alternative programs. The PHDEP funds will be used in the following activities.

- 1) Reimbursement of Law Enforcement, 2) Physical Improvements 3) Grant Administration 4) Variety of Drug Prevention, Character Enrichment, Alternative Activities and programming. 5) To establish comprehensive partnerships with local agencies to expand educational, emotional, recreational services and increase social interactive skills.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
Lincoln	347	300
Fairview	253	175
Little Washington	50	35
Elmwood	150	40
West Haven	350	125
Woodcrest	75	40

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

6 Months _____ **12 Months** _____ **18 Months** _____ **24 Months** x **Other** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY 1998	\$ 367,500.	NC19DEP0150198	357,500.00	N/A	Closed
FY 1999	\$ 269,427.	NC19DEP0150199	269,427.00	N/A	12/21/01
FY 2000	\$ 280,798.				4/10/02

FY 2001	\$ 299,989.				12/28/03
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Section 2: PHDEP Plan Goals and Budget

A. A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

Goldsboro Housing Authority realizes the importance of community inclusion in our efforts to reduce crime and provide stimulating activities. Therefore, we will collaborate with non-profit organizations such as churches. We will collaborate with educational institutions to develop program policies and procedures that best suit our residents' needs and concerns. The Goldsboro Housing Authority designed this approach utilizing information from residents, police, employees of Goldsboro Housing Authority, local help agencies, local business partners Assistant Executive Director and the Executive Director. Activities are proposed to aim at prevention, physical improvements, reimbursement of police, program monitoring done by PHDEP staff with a yearly survey to do a needs assessment.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FY 2001 PHDEP Revised Budget Summary	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	\$ 110,302.
9150 – Physical Improvements	\$ 17,427.
9160 – Drug Prevention	\$ 153,371.
9190 – Other Program Costs	\$ 18,889.
TOTAL PHDEP FUNDING	\$ 299,989.

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 - Reimbursement of Law Enforcement					Total PHDEP Funding: \$ 110,302.00		
Goal(s)	Provide residents a safe and secure environment. Educate on providing self-awareness against crime.						
Objectives	1.) To reduce crime and mischief behavior. 2.) To provide education and drug awareness. 3.) Improve C.O. Programming						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount/ Source)	Performance Indicators
1. Salaries, Benefits,			10/01	10/03	107,802.	City of Goldsboro	Crime Stats
2. Maintenance, pagers			9/01	9/03	2,500.		

9150 - Physical Improvements					Total PHDEP Funding: \$ 17,427.00		
Goal(s)	To address high traffic loitering and reduce open market areas. To provide incentive for resident to improve their dwelling areas, To strengthen resident feelings of ownership.						
Objectives	To increase the public visible areas with security and natural enrichment. To increase resident safety and Pride.						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators

1. Lighting, fencing, security equipment & installation, tree trimming to enhance lighted areas			11/01	6/03	10,000.		Reduce loitering/crime, improve physical appearance. (resident survey)
Graffiti, grounds improvement fill holes in common areas, Playground supplies			5/03	9/03	7,427.		Reduce high traffic travel & provide safety in night walking.

9160 - Drug Prevention					Total PHDEP Funding: \$153,371.00		
Goal(s)		To reduce exposure to drug areas by providing alternative places to commune.					
Objectives		To utilize all available resources in Wayne County communities to reduce exposure to drug related activities and crime.					
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1. Boys/Girls Club/4-H	200	PHA Wide	10-01	12-03	45,000.		Staff monitoring, survey
2. Personnel/Temporary Employment Support To help accomplish additional goals during the peak months			10-01	12-03	87,500.		
3. Adults Program Contracts, cultural activities stipends, training, workshops,	50	PHA Wide	10-01	12-03	7,371.		Evaluations, sign –in sheets, photos when possible
4. Community Support, national night out, Sheriff, law enforcement resident awareness Fun Days	500	PHA Wide	10-01		5,500.		To promote officer and resident relations/alleviate intimidation
5. Youth Programs Recreation/parks, sports, fieldtrips, education and cultural activities	250	PHA Wide	10-01		8,000.		2 open assessment meetings

9190 - Other Program Costs					Total PHDEP Funds: \$18,889.00		
Goal(s)	To alleviate the stress of residents having to provide travel and materials.						
Objectives	To provide travel and all necessary materials for programs to run efficiently.						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.Travel, bus driver, maintenance					6,000		Timesheet, travel vouchers, request for repairs
2. Office supplies, equipment, program supplies					4,198.		
3. Travel, workshops, trainings					4,000.		Travel request, request for training and workshops
4. Copier lease					2,500.		
5. Auditor					2,191.		

Section 3: Expenditure/Obligation Milestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the percentage of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line Item #	25% Expenditure Of Total Grant Funds By Activity #	Total PHDEP Funding Expended (sum of the activities)	50% Obligation of Total Grant Funds by Activity #	Total PHDEP Funding Obligated (sum of the activities)
<i>e.g Budget Line Item # 9120</i>	<i>Activities 1, 3</i>		<i>Activity 2</i>	
9110	1, 2, 3	26,200.50	1, 2, 3	52,401.00
9150	1, 2, 3	3,856.75	1, 2, 3	7,713.50
9160	1, 2, 3, 4	36,217.75	1, 2, 3, 4, 5, 6	72,435.50
9170				
9190	1, 2, 3	3,924.50	1, 2, 3	7,849.00
TOTAL		\$ 70,199.50		\$ 140,399.00

Section 4: Certifications

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the “PHA Certifications of Compliance with the PHA Plan and Related Regulations.”

To reduce exposure to drug areas by **providing** alternative programming.

To utilize all available resources in Wayne County communities to reduce exposures to drug related Activities and crimes.

Budget 2001

Attachment A

Budget Line Item No.	Activities Approved	Funds Approved
9110	Reimbursement of Law Enforcement	\$ 110,302.00
9115	Special Initiative	-0-
9116	Reprogrammed Funds	-0-
9120	Employment of Security Personnel	-0-
9130	Employment of Investigators	-0-
9140	Voluntary Tenant Patrol	-0-
9150	Physical Improvements	\$ 17,427.00
9160	Drug Prevention	\$ 153,371.00
9170	Drug Intervention	-0-
9180	Drug Treatment	-0-
9190	Other Program Cost	<u>\$ 18,889.00</u>
Total Approved Amount		\$ 299,989.00

2001 Public Housing Drug Elimination Program
FY Grant Agreement

Housing Authority of the City of Goldsboro, NC

Comments Received from Residents

The comments received from the Resident Advisory Board were favorable for this year's annual plan. Comments on the Pet Policy and Community Service Requirement are:

The Pet Policy

The Resident Advisory Board and residents expressed hesitation and concern as to safety and sanitary conditions due to pets being allowed in Public Housing. The board recommended that we keep strict guidelines concerning size, number, deposit amounts and veterinary requirements for the pet policy. They recommended that we proceed with the policy.

Community Service

The comments weren't favorable. They expressed concern for young mothers with small children at home and their ability to fulfill the requirement but also stated they believed it could be a useful tool in helping them develop skills and motivate them to want financial compensation for their time.

Progress Report for 5-Year Plan Mission and Goals

Goal 1. Ensure a well maintained housing stock

Objective 1: The Executive Director and PHAS Coordinator conducted several work sessions with GHA employees relative to the PHAS components. The emphasis placed on good sound management practices paid off with a high performer designation in year 1. This exceeded the goal of achieving high performer in 5 years.

Objective 2: The maintenance staff is continuously identifying problem areas and budgeting to make corrections.

Objective 3: A quality control program has been established. The staff has determined that a 10 percent random sample is too aggressive given the overall number of work orders.

Goal 2. Maintain and enhance resident safety and security

Objective 1: The housing authority has installed additional lighting and fencing in several developments including Lincoln Homes apartments, Little Washington apartments and Fairview Homes.

Objective 2: Security Screens are being installed in all developments as funds become available. Installation of security window screens began at West Haven , Elmwood and Lincoln Homes during this performance cycle. In addition, staff continued installation of deadbolt locks during the same period.

Objective 3: GHA administration continued its aggressive policy of lease terminations for those who were involved in illegal drug activity or other disruptive behavior.

Goal 3. Expand Homeownership opportunities and self- sufficiency programs for residents of public and assisted housing

Objective 1: GHA received CHDO designation for its nonprofit organization, Goldsboro Development Corporation during this performance cycle. As a result, GDC is continuously seeking opportunities to work with the City of Goldsboro to develop homeownership opportunities for low-income persons.

Objective 2: The GDC purchased a dwelling for its homeownership/rental program during the performance period. The unit is presently being rented until the tenant can secure a loan from a local bank. Staff is working to assist the low income tenant achieve her goal of homeownership.

Objective 3: Staff has worked with several agencies to encourage self-sufficiency of our residents. The local social services agency and its welfare to work initiative has had a tremendous influence on these residents. The Housing Authority has worked in partnership with the Wayne County Social Services Department to assist in this effort. Other agencies including Wayne Uplift, W.A.G.E.S., W.A.T.C.H., Health Department, Wayne County Schools, Drug Elimination Program, Wayne Community College and City of Goldsboro have assisted in our efforts to attain self-sufficiency.

Goal 4. Increase assisted housing choices to meet future demand

Objective 1: The Section 8 program has struggled to maintain a high lease up rate during the performance cycle. Although we strive to maintain a 95% rate, Goldsboro's tight market has made it very difficult. The Section 8 Coordinator and Assistant Executive Director are continuing to monitor performance and will develop strategies to address deficiencies.

Objective 2: Section 8 Coordinator is currently planning the annual recruitment workshop to be held in early spring 2001. This informational meeting will be beneficial for new landlords as well as existing landlords participating in the program.

Objective 3: The Goldsboro Development Corporation continues seek opportunities to provided varied housing opportunities in Wayne County.

Goal 5. Promote fair housing and equal opportunity for all citizens through education and outreach

Objective 1: Various reading materials have been provided to the staff concerning fair housing practices during the performance period. Supervisors also discuss this topic during meetings and training workshops.

Objective 2: The City of Goldsboro Community Affairs Office has not held its Fair Housing and Equal Opportunity Workshop to date. We plan to participate once it is scheduled.

Membership of the Resident Advisory Board

The following is the list of the members of the Resident Advisory Board of the GHA:

Doris Brewington	Fairview
Ellen Holloman	West Haven
Beulah Howell	Woodcrest
Edna Watson	Woodcrest
Jean Robinson	Lincoln
Linda Walker	Lincoln
Margaret Wells	Elmwood
Tracie Vaughn	Section 8

GOLDSBORO HOUSING AUTHORITY (GHA) COMMUNITY SERVICE ACTIVITIES OR SELF-SUFFICIENCY POLICY

A. DEFINITION:

Community Service: The performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community service is not employment and may not include political activities.

Economic Self-Sufficiency Program: Any program designed to encourage, assist, train, or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, employment training, work placement, basic skills training, education, English proficiency, work fare, financial, or household management, apprenticeship, and any program necessary to ready a participant for work (such as substance abuse or mental health treatment).

B. Exempt Individual. An adult who:

- (1) Is 62 years or older;
- (2) Is a blind or disabled individual, and who certifies that because of this disability she or he is unable to comply with the service provisions of this policy. or is a primary caretaker of such individual;
- (3) Is engaged in work activities;
- (4) Meets the requirement for being exempted from having to engage in a work activity under the State Program funded under part A of title IV of the Social Security Act (42 U.S. C. 601) or under any other welfare program of the State in which the PHA is located, including a State-administered welfare -to-work program; or;
- (5) Is a member of a family receiving assistance, benefits or services under a State program funded under part A of title IV of the Social Security Act (42 U.S. C. 601) or under any other welfare program of North Carolina, including a State administered welfare-to work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

C. GENERAL REQUIREMENT:

1. **Service Requirement:** Except for any family member who is an exempt individual, each adult resident of public housing must:

- (a) Contribute 8 hours per month of community service (not including political activities).

- (b) Participate in an economic self-sufficiency program for 8 hours per month; or
- (c) Perform 8 hours per month of combined activities as described in I (a) and I (b) of this section.

2. Family violation of service requirement:

Absent any other violation of the Lease Agreement, Lease shall be renewed automatically for all purposes, unless the family fails to comply with the service requirement. Violation of the service requirement is grounds for nonrenewal of the lease at the end of the twelve-month lease term, but not for termination of tenancy during the course of the twelve-month lease term.

D. DETERMINATION OF FAMILY MEMBER OR EXEMPTION FROM THE SERVICE REQUIREMENT.

- A. The Resident Services Coordinator along with the Housing Manager will determine who is eligible for Community Service.
 - (1) The Resident Services Coordinator will notify the residents by mail that they are eligible for Community Service. The resident will be given a written description of the service requirement and an opportunity to claim an exempt status.
 - a. If the resident is claiming exempt status, the Housing Manager, and Resident Services Coordinator will review the form.
 - b. If the resident is approved as exempt status, the Housing Manager will notify the resident.
 - (2) Housing Managers will give new residents that are eligible for Community Service a letter, which will contain a written description of the service requirement and an opportunity to claim an exempt status. Housing Manager will have the resident sign a receipt for copy of the policy and forms.
- B. Each non-exempt resident will be given a list of agencies with phone numbers on where they can do community service hours but not limited to those agencies. All volunteer work must be certified with documentation from designated supervisors. Non-exempt residents will also be given Certification Forms and a copy of the Community Service Activities or Self-Sufficiency Policy:
 - (1) The Housing Manager will have the non-exempt resident sign for (B) above. This receipt will be **filed** in the resident's **files**.

- (2) Non-exempt resident will turn completed certification forms to their housing manager, to be given to the Resident Services Coordinator. Once the hours has been updated, the certification form will be returned to housing manager for filing.

E. RESIDENT NONCOMPLIANCE

- 1) The GHA will review family compliance 60 days before the end of the twelve-month lease term.
 - a. If the Housing Authority determines that there is a family member, who is required to fulfill a service requirement, but has violated this family obligation, the tenant will be notified by letter. The letter will include the following:
 - (1) Describe the noncompliance.
 - (2) State the Housing Authority will not renew the lease at the end of the twelve-month lease term unless:
 - a. The resident and any other noncompliant resident, enter into a written agreement with GHA, to cure such noncompliance, and in fact cure such noncompliance in accordance with such agreement; or
 - b. The family provides written assurance satisfactory to GHA that the resident or other noncompliance resident no longer resides in the unit.
 - (3) State that the tenant may request a grievance hearing on the GHA determination, and that the tenant may exercise any available judicial remedy to seek timely redress for the housing authority's nonrenewal of the lease because of such determination.

E. PROHIBITION AGAINST REPLACEMENT OF GHA EMPLOYEES: The GHA

will not substitute Community Service for work ordinarily performed by Housing Employees
or replace a job at any location where community work requirements are performed.

F. CIVIL RIGHTS REQUIREMENT: GHA will assure that civil rights requirement will be followed.

**GOLDSBORO HOUSING AUTHORITY COMMUNITY SERVICE-
ACTIVITIES/SELF-SUFFICIENCY RECEIPT FORM**

on _____, I was given a copy of the Community
Service

DATE

Activities or Self-Sufficiency Policy, Forms, and a list of community service agencies.

PRINTED NAME

GHA EMPLOYEE

DATE

Goldsboro Housing Authority

Certification of Community Service and/or Self-Sufficiency Hours Performed

Name of Organization:		Name:		
Address:			Address:	
Telephone Number:			Telephone Number:	
Date	# of Volunteers and/or Course Hours	Description of Work performed and/or Course taken	Supervisor Printed Name Last, First	Supervisor Signature
	Total Hours			

Completed Certification forms should be submitted monthly to your Housing Manager.

November 21, 2000

Ms. Glenda White
112 Southern Plaza Drive
Dudley, North Carolina

Dear Ms. White:

This letter is to inform you that according to the Community Service/Economic Self-Sufficiency Program mandated, you are required to perform eight (8) hours of volunteer community service per month. Service requirement is noted in paragraph A. Exempt individual is noted in paragraph B. Definitions are listed in paragraph C.

A. Service Requirement: Except for any family member who is an exempt individual, each

adult resident of public housing must:

- (1) Contribute 8 hours per month of community service (not including political activities).
- (2) Participate in an economic self-sufficiency program 8 hours per month; or
- (3) Perform 8 hours per month of combined activities as described in 1 (a) and 1 (b) of this section

B. Exempt Individual. An adult who:

- (1) Is 62 years or older,
- (2) Is a blind or disabled individual, and who certifies that because of this disability she or he unable to comply with the service provisions of this policy, or is a primary caretaker of such individual;
- (3) Is engaged in work activities;
- (4) Meets the requirement for being exempted from having to engage in work activity under the State Program funded under part A of title IV of the Social Security Act (42 U.S.C. 601) or under any other welfare program of the State in which the PHA is located, including, including a State-administered welfare-to-work program; or;
- (5) Is a member of a family receiving assistance, benefits or services under a State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601) or under any other welfare program of North Carolina, including a State administered welfare-to-work programs, and has not been found by the State or other administering entity to be in noncompliance with such s program.

(2)

C. Definitions:

(1) Community Service; The performance of voluntary work or duties that are public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community service is not employment and may not include political activities.

(2) Economic Self-Sufficiency Program: Any program designed to encourage, assist, train, or facilitate the economic independence of participates and their families or to provide work for participates. These programs may include program for job training, employment training, work placement, basic skills training, education, English proficiency, work fare, financial, or household management, apprenticeship, and any program necessary to ready a participate for work (such as substance abuse or mental health treatment).

Please see your Housing Manager no later than _____, to receive a copy of the Community Service and Economic Self-Sufficiency Policy and forms that you will need. If you have, any questions contact your housing manager.

Sincerely,

Gene D. Thomas
Executive Director

cc: Housing Manager

Organizations for Volunteer Community Service

4-H Cooperative Extension
Street
(919) 731-1527
Contact Person: Connie Greeson
After School Program
208 W. Chestnut

Goldsboro Housing Authority
Street
(919) 735-5650, ext. 213
Contact Person: Glenda White
Office Work
1729 Edgerton

Goldsboro Housing Authority
Street
(919) 735-5650, ext. 217
Contact Person: Inetta Smith
Variety
1729 Edgerton

Goldsboro Housing Authority
Street
(919) 735-4226, ext. 107
Contact Person: Steve Jordan
Maintenance & Ground Crew
700 N. Jefferson

Boys & Girls Club, Lincoln
Street
(919) 581-0433
Contact Person: Pam Easley
Variety
1009 Slaughter

Carver Height Edison School
(919) 731-7222, ext. 1060
Contact Person: Claudia Brown
Variety
411 Bunche Drive

Wayne Uplift Resource Center
Circle
(919) 735-4262
Contact Person: Linda H. Cox
Variety
2300 Courtyard

Wayne Uplift Resource Center
Edgerton St.
(919) 731-3955
Contact Person: Calvin Robinson
Variety

Fairview, 1905

Communities in School
Street
(919) 735-1432
Contact Person: Sudie Davis
Variety

308 N. William

**GOLDSBORO HOUSING AUTHORITY
CLAIMING FOR EXEMPT STATUS FORM**

DATE _____ NAME _____

HEAD OF HOUSEHOLD _____

ADDRESS

Please check the appropriate block:

_____ 62 years or older

_____ Disabled individual

_____ Engaged in work

_____ Engaged in work activity under the State Program funded under part A of Title IV of the Social Security Act

_____ Is a member of a family receiving assistance, benefits or services under state program Wider Part A of Title IV of the Social Security Act, or under any other welfare program of NC, including a State administered welfare-to- work program.

Documentation must be provided to the housing manager for all items checked off:

Signature

Date

TO: HOUSING MANGER

DATE RECEIVED _____

What type of documentation was submitted?

_____ Approved

_____ Disapproved(reason) _____

DATE REVIEWED BY RESIDENT SERVICES COORDINATOR _____

DATE RESIDENT NOTIFIED OF STATUS _____

GOLDSBORO HOUSING AUTHORITY

PET POLICY

INTRODUCTION:

The following is the Pet Policy adopted by the Goldsboro Housing Authority (GHA) in consultation with the Resident Councils. Except as otherwise specifically authorized under this pet policy, the Goldsboro Housing Authority will not prohibit any Resident of its housing developments from owning a common household pet or having such pet living in the Resident's unit or restrict or discriminate against any person in connection with admission to, or continued occupancy of, such housing by reason of the person's ownership of a common household pet or the presence of such pet in that person's unit.

1. DEFINITIONS

(a) Common Household Pet means a domesticated animal, such as a dog or cat, and pets traditionally kept in cages in the home for pleasure rather than for commercial purposes, such as a bird, rodent (including a rabbit), fish or turtle. Common household pet does not include Pitbulls, Rothweillers, Dobermans, Bulldogs, Chows, German Shepherds, reptiles (except turtles), and some tropical pets. If this definition conflicts with any applicable State or local law or regulations defining the pets that may be owned or kept in dwelling accommodations, the State or local law or regulation shall apply. **THIS DEFINITION SHALL NOT INCLUDE ANIMALS THAT ARE USED TO ASSIST THE DISABLED.**

(b) DISABLED FAMILY means a family who is disabled as defined in this GHA's Admissions and Continued Occupancy Policies.

- (c) **GHA** means Public Housing Authority
- (d) **GHA or Authority** means the **GOLDSBORO HOUSING AUTHORITY**.

2. RULES GOVERNING THE KEEPING OF PETS

A. Registration:

Pet owners are required to register their pets with the GHA before the pet is brought on to the development. This permit is to be renewed annually and, may be renewed during the annual re-examination of the Resident's income and family composition. This registration will include:

- (1) A certificate signed by a licensed veterinarian or a State or local authority empowered to inoculate animals (or designated agent of such an authority) stating that the pet has received all inoculations required by applicable State or local law.
- (2) Information sufficient to identify the pet and to demonstrate that it is a common household pet, and;
- (3) The name, address and phone number of one or more responsible parties who will care for the pet if the pet owner dies, is incapacitated, or is otherwise unable to care for the pet.
- (4) The pet owner shall sign the Pet Agreement along with this Pet Policy as an addendum to the Lease Agreement. The Pet Policy and Agreement shall contain the provisions that the pet owner agrees to comply with this pet policy and Agreement; and that violation of the Pet Policy and Agreement shall be grounds for removal of the pet or termination of the pet owner's tenancy or both), in accordance with the provisions of the Lease, State and local laws.
- (5) The GHA may refuse to register a pet if that pet is not a common household pet; if the keeping of the pet would violate any applicable house pet rule; if the pet owner fails to

provide complete pet registration information; fails to annually update the pet registration; or if the GHA reasonably determines, based on the pet owner's habits and practices that the owner will be unable to keep the pet in compliance with the Pet Policy/Agreement and other Lease obligations.

(6) The GHA may not refuse to register a pet based on a determination that the pet owner is financially unable to care for the pet or that the pet is inappropriate, based on the therapeutic value to the pet owner or the interest of the property or existing tenants. The pet's temperament will be considered in determining the prospective pet owner's ability to comply with the pet rules and other lease obligations.

(7) The pet owner will be notified if the GHA refuses to register a pet. The notice shall state the basis for the GHA's action and shall be served on the pet owner by:

- (a) Sending a letter by first class mail, properly stamped and addressed to the resident at the dwelling unit, with a proper return address; or
- (b) Serving a copy of the notice on any adult answering the door at the pet owner's unit, or if no adult responds, by placing the notice under or through the door, if possible, or else by attaching the notice to the door; or
- (c) In case of service of notice to residents of a high-rise building, posting the notice in at least three (3) conspicuous places within the building and maintaining the posted notices intact and in legible form for 30 days.
- (d) This notice of refusal may be combined with a notice of Lease violation. The pet owner shall have the right to a grievance hearing, as stated in the GHA's Lease and Grievance Procedure.

B. Number and size of pets

The number of four-legged warm-blooded animals shall be limited to one (1) pet in each dwelling unit. Birds, fish and turtles shall be limited to the number that can be reasonably kept in one (1) standard cage or aquarium designed for that purpose. The pet may not weigh more than 20 pounds full grown or exceed 20 inches in height.

C. Financial Obligations:

- (1) If the pet is a cat or dog, the pet owner will be required to pay a pet deposit of Two Hundred Fifty dollars (\$250.00), which is payable immediately upon approval of the pet permit. This deposit is in addition to the security deposit required by other conditions of the Lease. The pet deposit shall be used to pay only reasonable expenses directly attributable to the presence of the pet in the project, including (but not limited to) the cost of repairs and replacement to, and fumigation, of the Resident's unit. The GHA will refund that unused portion of the pet deposit to the Resident within a reasonable time after the Resident moves from the project or no longer keeps a pet in the unit. The pet deposit shall not be used to pay expenses while the pet owner is in possession of a pet.
- (2) A pet fee of \$5.00 per month will be assessed the pet owner.
- (3) Fumigation and pest control measures taken by the GHA directly attributable to the keeping of a pet in the apartment shall be charged to the pet owner, if said pet owner fails to control fleas and other common pests associated with keeping of animals in the apartment. Costs of same will be billed to the Resident in the amount that it costs the GHA to employ a professional firm for this purpose.

D. Inoculations.

The pet owner will have the pet inoculated in accordance with State and Local laws. Proof of these inoculations will be furnished prior to the approval of the pet permit and than again on an annual basis. The pet owner is required to have the pet wear the tag provided by the veterinarian when the pet is inoculated.

E. Sanitary Standards.

- (1) The pet owner shall exercise due care to keep the apartment and common areas in a sanitary condition. Pets must be exercised and curbed only in areas not occasioned by pedestrian traffic, and especially not in front of any building.
- (2) The person exercising or curbing the pet will carry with them the means to clean up after the pet each time the pet is taken outside. All removable pet wastes shall be removed from the grounds immediately upon deposit by the pet and properly disposed of by the pet owner.
- (3) All cages, aquariums, litter boxes, etc. will be cleaned on a regular basis. Pet owners must change the litter at least two times weekly, or as often as necessary to prevent unsanitary conditions and odors. Pet waste must be separated from litter at least once daily.

F. Standards for Pet Care

- (1) No pet shall be left alone for any unreasonable length of time. If the health of a pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the GHA may contact the responsible party or parties listed in the pet registration required under this pet policy. If the responsible party or parties are unwilling or unable to care for the pet, or the GHA despite reasonable efforts has been unable to contact the responsible party or parties, the GHA may contact the appropriate State or local authority (or designated agent of such an authority) and request the removal of the pet. If there is no such State or local authority (or designated agent of such an authority) authorized to remove the pet under these circumstances the GHA may enter the pet owner's unit, remove that pet and place that pet in a facility that will provide care and shelter until the pet owner or a representative of the pet owner is able to assume responsibility for the pet, but no longer than thirty (30) days. The cost of the animal care facility provided under this section shall be borne by the pet owner. If the pet owner (or the pet owner's estate) is unable or unwilling to pay, the cost of the animal care facility may be paid from the pet deposit.
- (2) Pets shall not be allowed to disturb other tenants in the quiet enjoyment of their homes. Pet owners will take adequate precautions to prevent a pet from disturbing other tenants; i.e. barking, howling, loud meowing, scratching, biting, etc.
- (3) Pet owners will be required to take effective flea and other pest control measure with respect to the pet and the surroundings. Failure to do so will result in termination of the pet permit and the GHA taking pet control measures at the owner's expense.

- (4) Pet owners will be required to provide proof of spaying or neutering on any cat or dog over 7 months.
- (5) Pet owners will obtain any state required license tag as well as a name tag showing the pet's name, owner's name, address and telephone number.

G. Pet Restraint.

- (1) All cats and dogs shall be appropriately and effectively restrained by a leash and under the control of a responsible individual, who is capable of controlling such animal, while on the common areas of the development. No pets will be allowed to run loose upon the GHA grounds. Except while the pet is being exercised; the pet is to be kept within the confines of the apartment. No pet may be tied or chained in or on the premises. The apartment cannot be altered to accommodate, or provide an enclosure for the pet. Fences cannot be erected on the GHA grounds.
- (2) The pet owner or responsible household member shall be present during inspections and maintenance activities in the unit to control their pet; and will hold GHA harmless should the pet get loose by granting a waiver of liability.

H. TEMPORARY PETS.

It is not permissible to keep pets on the premises that are not owned by the Resident and are not authorized by a current GHA Pet Permit. The GHA, however, does encourage the use of a visiting pet program sponsored by a humane society or other nonprofit organization.

I. PETS ASSISTING THE DISABLED.

This pet policy does not apply to animals that are used to assist the disabled. This exclusion applies to animals that reside in the projects for the elderly and disabled, as well as to animals that visit these projects. This GHA will not apply or enforce any pet rules developed under this pet

policy against individuals with animals that are used to assist the disabled. **Nothing in this pet policy shall:**

- (1) Limit or impair the rights of disabled individuals.
- (2) Authorize the GHA to limit or impair the rights of disabled individuals, or
- (3) Affect any authority that the GHA may have to regulate animals that assist the disabled, under Federal, State or local law.

(J) CONFLICT.

Nothing in this pet policy prohibits the GHA, or an appropriate community authority, from requiring the removal of any pet from a development, if the pet's conduct is duly determined to constitute, under the provisions of State or local law, a nuisance or a threat to the health or safety of other occupants of the development or of other persons in the community where the development is located; nor prohibit termination of the Lease of a Pet Owner for violation of any part of the Policy/Agreement or Lease Agreement.

(K) STATE OR LOCAL LAWS

If there is an applicable State or local law or regulation governing the keeping of pets, the pet rules prescribed under this pet policy shall not conflict with such law or regulation. If such a conflict may exist, the State or local law or regulation shall apply.

(L) OWNER COMPLIANCE.

Failure of this pet policy to address any State or local law or regulation does not relieve the pet owner from complying with applicable State or local requirements.

(M) FAMILY REQUESTS.

Families may at any time request a copy of this Pet Policy and/or any amendments thereto. Families also may at any time request that their Leases be amended to permit occupancy of common household pets.

Pet Owner: _____**Date:** _____**GHA Designee:** _____**Date:** _____

GOLDSBORO HOUSING AUTHORITY**PET AGREEMENT****ATTACHMENT NO. 1****TO****PET POLICY**

The undersigned acknowledges that this Agreement is attached to and made a part of this Pet Policy and the Lease Agreement between these same parties dated _____, and that it shall be renewed and shall expire under the same terms and conditions of the Lease Agreement.

1. The Lessor, Goldsboro Housing Authority (GHA) agrees that the Lessee, _____, is hereby given permission to keep and maintain ONE pet in the apartment rented by the Lessor. A limit of ONE pet is permitted. A current photograph of each pet is required.
2. The Lessee agrees to pay a \$250.00 refundable pet deposit, in accordance with the requirements of the Pet Policy prior to occupancy. A \$5.00 per month pet fee will be assessed the pet owner..
3. The Lessee agrees that their pet has been registered with the GHA and that the pet will be registered annually at reexamination; that an application has been submitted to the GHA, along with a certification completed by a licensed veterinarian or a State or local authority empowered to inoculate animals, prior to the pet being allowed on the premises, showing that the pet has received all inoculations required by applicable State and/or local law; and information sufficient to identify the pet and all other requested information. The Lessee further agrees to provide proof of spaying or neutering on any cat or dog over 7 months.
4. The Lessee agrees that only the pet accurately described and listed below is covered under this Pet Agreement. The Lessor will refuse to register a pet if that pet is not a common household pet, or the pet owner fails to furnish all required information when asked to do so. The Lessee will be notified if the Lessor decides not to register a pet.
5. The Lessee agrees to curb their pet only in the areas not occasioned by pedestrian traffic and specifically not in front of any building. Lessee will carry with them, at all times, the means to clean up after their pet each and every time the pet is outside, and agrees to remove and properly dispose of all removable pet wastes from the grounds immediately upon deposit by the pet. The Lessee may have his/her lease terminated if the pet is allowed to violate any of the requirements herein.

6. The Lessee agrees to clean all cages, aquariums, litter boxes, etc. on a regular basis; change the litter at least twice weekly or as often as necessary to prevent unsanitary conditions and odors; separate waste from litter at least daily, and keep the apartment and common areas in a sanitary condition.
7. The Lessee agrees that no pet will be left alone for any unreasonable length of time. Should the PHA have to take measures to place the pet in an animal care facility, the Lessee agrees to pay the cost of the facility or if the pet owner is unwilling or unable to pay, the cost will be paid from the pet deposit.
8. The Lessee agrees that the Lessor has the right to demand that the Lessee remove the subject pet if for any reason the pet becomes a nuisance as determined solely by management, or disturbs other residents such as loud barking, meowing, howling, scratching, biting, etc,
9. The Lessee agrees that no vicious fighting or attack dogs such as Pitbulls, Rothweillers, Dobermans, Bulldogs, Chows, or German Shepherds will be allowed.
10. The Lessee agrees to the size restriction that their pet may not weigh more than 20 pounds full grown or exceed 20 inches in height.
11. The Lessee agrees to provide an acceptable flea control program; and should the PHA have to fumigate and take pest control measures directly attributable to the keeping of the pet, the costs of same will be billed to the resident.
12. The Lessee agrees to keep their pet(s) on a leash and under their control at all times when outside Lessee's apartment, and that no pet may be tied or chained in or on the premises.
13. The Lessee agrees to abide by all statutes in force by City, County, State, or other government agencies pertaining to pets. If any of the pet requirements herein are in conflict with these statutes, the City, County, State, or other government agency statutes will apply. Failure of this Policy Agreement to address any State or local law or regulation does not relieve the pet owner from complying with applicable State or local requirements.
14. The Lessee agrees that pets not owned by the Lessee are not allowed on the premises.
15. The Lessee agrees that their pet dog or cat will wear a state required license tag as well as a name tag showing the pet's name, owner's name, address and telephone number.
16. The Lessee or responsible household member agrees to be present to control their pet during inspections and maintenance activities. The Lessee further agrees to grant a waiver of liability and hold GHA harmless should the pet get loose during emergency maintenance or requested work with permission to enter.

17. Nothing in this Agreement prohibits the PHA from removing any pet from a development if the pet's conduct has been determined as constituting a nuisance or a threat to the health or safety of other occupants of the development or community where the development is located; nor prohibits the PHA from terminating the Lease of a Pet Owner for violation of any part of this Policy/Agreement or Lease Agreement.

Please complete the following:

DESCRIPTION:

Name of Pet: _____ Name of Pet: _____
Pet Type: Cat _____ Dog _____ Other _____ **Pet Type:** Cat _____ Dog _____

Other: _____

Breed: _____ Weight: _____ Breed: _____ Weight: _____
 Height: _____ Height: _____

 Resident

 Date

 Witnessed By: (PHA Designee)

 Date

GOLDSBORO HOUSING AUTHORITY

PET APPLICATION

**ATTACHMENT NO 2
TO
PET POLICY**

1. How long have you owned this pet? _____
2. Has your pet lived in rental housing before? _____. If so, where? _____

 Please list the landlord's name, address, and telephone.
 Name: _____
 Address: _____
 Telephone: _____
3. Has your pet ever bitten or hurt anyone? _____. Please describe below. _____

4. (A) Age of pet: _____ (B) Type of pet: _____ C. Breed _____
 (D) Height and weight of pet: _____ (if your pet is not full-grown, please submit letter from veterinarian stating size and weight pet will be at maturity)
5. Name, address and telephone number of veterinarian that can verify inoculations, neutering and licenses (please attach proof of inoculations, neutering, and licenses).
 Name: _____
 Address: _____
 Telephone: _____
6. List any health problems of your pet: _____

7. If your pet is a cat or dog:
 (A) For cats: attach proof of declawing.
 (B) For cats and dogs: attach proof of spaying or neutering.
8. List names of two persons able to care for your pet in case of emergency, or in case of our inability to care for your pet.
 (1) Name _____ (2) Name: _____
 Address: _____ Address: _____

Phone: _____
 (home) _____ (work) _____ Phone:(home) _____ (work) _____
 Please inform management if the name, address, or phone numbers of these persons change at any time.

Resident: _____ Date: _____

Address: _____

Please complete the following:

DESCRIPTION:

Name of Pet _____

Pet Type: Cat _____ Dog _____ Other _____

Breed: _____ Weight: _____

Height: _____

Name of Pet _____

Pet Type: Cat _____ Dog _____ Other _____

Breed: _____ Weight: _____

Height: _____

 Resident

 Date

 Witnessed By: (PHA Designee) Date

Resident Membership of the PHA Governing Board

The Board of Commissioners of the Housing Authority of the City of Goldsboro adopted a resolution for appointment of resident representation to the Board of Commissioners of the City of Goldsboro Housing Authority on December 16, 1999.

The resident that serves as resident member on the board is Traci Vaughn. The Mayor of the City of Goldsboro makes the appointment in accordance with the North Carolina General Statutes. The term of appointment is five years.

The process for selection of Resident Representation to the Board of Commissioners of the Goldsboro Housing Authority is:

1. Resident should have been a resident of the Goldsboro Housing Authority or on the Section 8 Program for a minimum of two years.
2. Resident shall be in good standing financially with any public or any assisted housing program.
3. Recommendations may be solicited from housing manager of each housing development or Section 8 Coordinator.
4. Resident should have the interest and welfare of the Goldsboro Housing Authority at heart.
5. Should not have a criminal background.
6. Final decision for selection to be recommended to the Board of Commissioners will be made by the Chairman of the Board and the Executive Director.
7. The Mayor of the City of Goldsboro, North Carolina, will make the final appointment in accordance with the North Carolina General Statues.

Proposed Policy Changes or Revisions

Five Year Plan Goals and Objectives

Objective 1, Goal 1, has been revised to “Anticipated result is a 2% increase in scoring each year for 5 years or until High Performer designation is attained.

Objective 3, Goal 1, has been revised to reduce the number of inspections of random sample work orders from 10% to 1% given the number of work orders.

The Five Year Plan template

HUD Strategic Goal: To increase the availability of decent, safe and affordable housing;

PHA Goal 2: Improve the quality of assisted housing

Objective 5: Renovate or modernize public housing units: 38 units per year in NC15-6, has been revised to state 20 units per year in NC15-6.

Procurement Policy

Propose to amend Section V., Detailed Disposition Policy, by adding the following:

- D. Upon a request by the Executive Director, the Board of Commissioners may vote to dispose of any excess property by a method that is substantially in accordance with the provisions of Article 12 of Chapter 160A of the North Carolina General Statutes in lieu of the procedures set forth above.

Personnel Policy

Propose to amend the Sick Leave Benefits, 6.09 (C) by rewriting to read as follows:

- C. Paid sick leave can be used in minimum increments of 15 minutes.
 - 1. Eligible employees may use sick leave benefits for an absence due to their own illness, injury or medical and dental appointments.

Propose to amend Section 3.00, Employment Procedures, by rewriting Section 3.00 (C) (1) to read as follows:

- C. External Recruitment
 - 1. Prior to advertising externally, the Department/Division has the option to review resumes/applications previously submitted if the advertisement occurred within the past 6 months. If no suitable candidates are identified,

the Department/Division may request vacancy advertisement in appropriate publication(s) or media channels.

5.06 COMPENSATORY TIME

- A. Employees may be granted compensatory time off for hours worked in excess of a forty (40) hour work week, contingent on prior approval by the Executive Director.
 - 1. Earning must be documented.
 - 2. Use of compensatory time off must be pre-approved by the employee's supervisor and reported, when used, as a deviation on the employee's time sheet. Employees are encouraged to use accrued compensatory time within a reasonable time frame unless to do so would be "unduly disruptive" to the agency's operations.
 - 3. Non-exempt employees will accrue time at a rate of one and one-half hours for each hour of overtime worked in excess of a 40-hour work week.
- B. Compensatory time for non-exempt employees may accrue up to a maximum of 240 hours(which represents not more than 160 hours of actual overtime worked) in a calendar year. Any non-exempt employee who has accrued 240 hours of compensatory time off shall, for additional overtime hours of work, be paid overtime compensation at one and one-half times hours worked.
- C. Exempt employees may not accumulate more than 40 hours compensatory time in a calendar year and will not be paid for any accumulated compensatory time upon separation from GHA employment.

Lease

Existing lease is being revised to incorporate new HUD regulations and Goldsboro Housing Authority operational changes.

Pet Policy and Community Service

HUD directed changes

Resident Assessment – Follow-up Plan Goldsboro Housing Authority For the Year 2000

The Goldsboro Housing Authority strives to provide for its housing communities decent, safe and well-maintained housing units by providing excellent customer service.

In preparation for the Follow-up Plan, the Goldsboro Housing Authority met with residents in each development to obtain their ideas and concerns for improvement. The Goldsboro Housing Authority has developed a follow-up plan based on recommendations and concerns of the residents for each of the areas it scored under 75%.

Communication Section Survey

The Goldsboro Housing Authority presently communicates with our residents in several ways. Information is conveyed through a monthly newsletter that is distributed to residents; correspondence is distributed to each household on a continuous basis, meetings are held throughout the year at each development office, meetings are held at the administrative office with the Resident Council Advisory Board to clarify program regulations and resolve issues and orientation sessions are attended by new applicants to review rules, regulations, etc. Through a joint effort between the residents and the Housing Authority new strategies will be implemented to improve the level of communication with our residents.

The following steps will be taken:

- Train PHA staff to effectively and politely communicate with residents.
- Have frequent resident meetings.
- Include flyers/letters with rent statements, place flyers on community bulletin boards or placing them in their doors.
- Notify residents of improvements being made to their developments.

Safety Section Survey

The Goldsboro Housing Authority makes every effort to make the housing communities as safe as possible. The GHA has received Public Housing Drug Elimination Program grants since 1991. These grants have provided for security fencing, security lighting, police officer salaries and youth prevention programs.

The Housing Authority has worked with law enforcement agencies to improve the level of safety in our communities. The Housing Authority has adopted the “One Strike Policy” which we believe has improved the level of safety. Families have been evicted for criminal activity, applicants have been rejected/denied due to effective screening procedures and individuals have been banned from the housing communities due to their behavior/criminal history.

The Goldsboro Housing Authority will take the following steps to address the safety concerns of our residents:

- Hold Police/Community meetings.
- Have Police input into modernization planning.
- Increase lighting in common areas and parking areas.
- Offer a course on basic home safety to residents.
- Install security screens on windows.
- Communicate results of the crime control efforts to the residents more effectively.

Neighbor Appearance Section

The Goldsboro Housing Authority strives to maintain its housing units, common areas, grounds and all buildings in good quality condition. Litter is picked up, the grounds are mowed and pest control is performed on a bi-annual basis with weekly follow-ups. Inspections of all buildings, grounds, playgrounds etc. are performed to identify any needed repairs.

Ongoing dwelling unit renovations through the Capital Fund Program grants continue to upgrade the dwelling structures and buildings and the overall appearance of the communities.

The Goldsboro Housing Authority will take the following steps to improve the appearance of the housing developments.

- Continue to keep the buildings and grounds maintained and to provide additional equipment, staff and/or contractors for grass cutting.
- Encourage residents to participate in keeping the litter picked by providing trash receptacles at strategic locations.
- Maintain Recreation Areas.

Notice Requirements

Attachment A

January 5, 2001	Advanced notice of public hearing (scheduled for February 16, 2000) and schedule for public participation
January 15, 2001	Publication of proposed five year and annual plans
November 27, 2001	Fairview meeting
November 28, 2001	Lincoln meeting
November 29, 2001	Woodcrest Terrace meeting
November 30, 2001	Elmwood Terrace meeting
December 4, 2001	West Haven meeting
December 6, 2001	Little Washington meeting
February 16, 2001	Public Hearing
March 15, 2001	Board approval and submission to HUD

Annual Statement /Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part :y Summarb

U.S. Department of Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

and Urian Development

Office of Public and Indian Housing

HA Name Housing Authority of the City of Goldsboro	Comprehensive Grant Number NC19PO15501-00	FFY of Grant Approval 2000
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<input type="checkbox"/> Original Annual	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement/Revision Number	_____
<input checked="" type="checkbox"/> Performance and Evaluation Report Program Year Ending	12/ 1/	<input type="checkbox"/> Final Performance and Evaluation Report	

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (May not exceed 10% of line 19)	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
	Management Improvements Hard Costs				
4	1410 Administration	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$35,000.00	\$35,000.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$20,000.00	\$20,000.00	\$200.00	\$200.00
9	1450 Site Improvement	\$38,142.00	\$38,142.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$4,000.00	\$3,666.80	\$3,666.80
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492.0 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$320,000.00	\$320,000.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant (Sum of lines 2-15)	\$413,142.00	\$417,142.00	\$3,866.80	\$3,866.80
21	Amount of line 19 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 19 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 19 Related to Security	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 19 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director and Date X	Signature of Public Housing Director/Office of Native American Programs Administrator and Date X
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(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

**Annual Statement /Performance and Evaluation Report
Capital Fund Program and Capital Fund Program
Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

HA Name	Grant Type and Number	FFY of Grant Approval
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19P015501-00 Replacement Housing Factor Grant No.:	2000

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC15-6 Elmwood Terrace	Demolition	1485	4 du.	\$4,000.00	\$4,000.00	\$3,666.80	\$3,666.80	Complete
	Development Activities	1499	4 du.	\$320,000.00	\$320,000.00	\$0.00	\$0.00	Pending
	Sitework	1450	L.S.	\$38,142.00	\$38,142.00	\$0.00	\$0.00	Pending
NC15-7 West Haven Apartments	Site Acquisition	1440	L.S.	\$20,000.00	\$20,000.00	\$200.00	\$200.00	In Progress
	Consultants/A & E	1430	L.S.	\$35,000.00	\$35,000.00	\$0.00	\$0.00	Pending
	Comprehensive Repairs	1460	26 du.	\$0.00	\$0.00	\$0.00	\$0.00	
	Non-CGP Funds expected from FEMA	1460	26 du.	\$0.00	\$0.00	\$0.00	\$0.00	
	Ranges	1465	26 du.	\$0.00	\$0.00	\$0.00	\$0.00	
	Refrigerators	1465	26 du.	\$0.00	\$0.00	\$0.00	\$0.00	
						\$0.00	\$0.00	
	Non-CGP Funds expected from FEMA	1465	26 du.	\$0.00	\$0.00	\$0.00	\$0.00	
				\$417,142.00	\$417,142.00	\$3,866.80	\$3,866.80	

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

HA Name	Grant Type and Number	FFY of Grant Approval
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19P015501-00 Replacement Housing Factor Grant No.:	2000

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-6 ELMWOOD	6/30/01			12/31/01			
NC 15-7 WEST HAVEN	6/30/01			12/31/01			

Signature of Executive Director and Date

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date	
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X Page 3 of 3

Annual Statement /Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPR)

U.S. Department of Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

and Urban Development

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Office of Public and Indian Housing

HA Name

Comprehensive Grant Number

FFY of Grant Approval

Housing Authority of the City of Goldsboro

NC19PO15502-00

2000

Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement/Revision Number ☐ ☒ Performance and Evaluation Report for Program Year 12/31/00

Line No.		Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
			Original	Revised (1)	Obligated	Expended
1		Total Non-CGP Funds				
2	1406	Operations (May not exceed 10% of line 19)	\$170,000.00	\$170,000.00	\$170,000.00	\$0.00
3	1408	Management Improvements Soft Costs	\$93,000.00	\$93,000.00	\$22,465.18	\$6,290.68
		Management Improvements Hard Costs				
4	1410	Administration	\$149,045.00	\$149,045.00	\$12,363.11	\$12,363.11
5	1411	Audit	\$6,680.00	\$6,680.00	\$0.00	\$0.00
6	1415	Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430	Fees and Costs	\$10,000.00	\$10,000.00	\$16,247.00	\$0.00
8	1440	Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450	Site Improvement	\$40,000.00	\$40,000.00	\$627.89	\$0.00
10	1460	Dwelling Structures	\$1,542,026.00	\$1,542,026.00	\$226,445.53	\$18,283.56
11	1465.1	Dwelling Equipment - Nonexpendable	\$24,210.00	\$24,210.00	\$0.00	\$0.00
12	1470	Nondwelling Structures	\$47,000.00	\$47,000.00	\$2,996.38	\$2,680.50
13	1475	Nondwelling Equipment	\$73,000.00	\$73,000.00	\$72,639.04	\$207.76
14	1485	Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490	Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492	Moving To Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1	Relocation Costs	\$20,000.00	\$20,000.00	\$0.00	\$0.00
18	1499	Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1502	Contingency (May not exceed 8% of line 19)	\$54,148.00	\$54,148.00	\$0.00	\$0.00
20		Amount of Annual Grant (Sum of lines 2-15)	\$2,229,109.00	\$2,229,109.00	\$523,784.13	\$39,825.61
21		Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
22		Amount of line 20 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
23		Amount of line 20 Related to Security Soft Costs	\$311,850.00	\$311,850.00	\$0.00	\$0.00
		Amount of Line 20 Related to Security Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
24		Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00
		Collateralization Expenses or Debt Service				

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

form HUD-52837 (10/96)

2) To be completed for the Performance and Evaluation Report.

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**Annual Statement /Performance and Evaluation Report
Capital Fund Program and Capital Fund Program
Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

HA Name	Grant Type and Number	FFY of Grant Approval
Housing Authority of the City of Goldsboro	Capital Fund Program Grant N NC19P015502-00	
	Replacement Housing Factor Grant No.:	2000

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-1 FAIRVIEW	Sitework	1450	L.S.	\$5,000.00	\$5,000.00	\$0.00	\$0.00	Pending
	Employee Lounge	1470	L.S.	\$15,000.00	\$15,000.00	\$2,996.38	\$2,680.50	In Progress
NC 15-2 LINCOLN	Sitework	1450	L.S.	\$5,000.00	\$5,000.00	\$0.00	\$0.00	Pending
NC 15-3 FAIRVIEW	Sitework	1450	L.S.	\$5,000.00	\$5,000.00	\$0.00	\$0.00	Pending
NC 15-4 LINCOLN	Security Screens - windows	1460	210 du	\$252,000.00	\$252,000.00	\$0.00	\$0.00	To Be Revised
	Sitework	1450	L.S.	\$5,000.00	\$5,000.00	\$0.00	\$0.00	Pending
NC 15-6 ELMWOOD	Comprehensive Renovations	1460	38 du	\$1,120,000.00	\$1,120,000.00	\$215,579.69	\$7,417.72	In Progress
	Relocation Cost	1495	L.S.	\$20,000.00	\$20,000.00	\$0.00	\$0.00	In Progress
	Ranges	1465	38 du	\$10,526.00	\$10,526.00	\$0.00	\$0.00	Pending
	Refrigerators	1465	38 du	\$13,684.00	\$13,684.00	\$0.00	\$0.00	Pending
	Sitework	1450	L.S.	\$10,000.00	\$10,000.00	\$627.89	\$0.00	In Progress
NC 15-7 WEST HAVEN	Termite Treatment	1470	1 ndu	\$2,000.00	\$2,000.00	\$0.00	\$0.00	Pending
	Door Hardware	1460	350 du	\$59,850.00	\$59,850.00	\$0.00	\$0.00	Pending
	Sitework	1450	L.S.	\$5,000.00	\$5,000.00	\$0.00	\$0.00	Pending
NC 15-8 LITTLE WASHINGTON	Sitework	1450	L.S.	\$5,000.00	\$5,000.00	\$0.00	\$0.00	Pending

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

Annual Statement /Performance and Evaluation Report
Capital Fund Program and Capital Fund Program
Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

HA Name	Grant Type and Number	FFY of Grant Approval
Housing Authority of the City of Goldsboro	Capital Fund Program Grant N NC19P015502-00	
	Replacement Housing Factor Grant No.:	2000

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA WIDE	Auto Equipment	1475		\$30,000.00	\$30,000.00	\$28,706.28	\$0.00	In Progress
NONDWELL	Computer Upgrade	1475		\$5,000.00	\$5,000.00	\$12,715.76	\$207.76	In Progress - To Be Revised
EQUIPMENT	Office & Maintenance Equipment	1475		\$38,000.00	\$38,000.00	\$31,217.00	\$0.00	In Progress
PHA WIDE	Operations	1406		\$170,000.00	\$170,000.00	\$170,000.00	\$0.00	In Progress
	Resident Management Training/ Assist Resident Groups	1408		\$0.00	\$0.00		\$0.00	
	Employee Training	1408		\$5,000.00	\$5,000.00	\$148.00	\$0.00	In Progress
	Consult Computer Conversion	1408		\$25,000.00	\$25,000.00	\$0.00	\$0.00	In Progress
	Computer Software	1408		\$3,000.00	\$3,000.00	\$6,296.50	\$800.00	In Progress - To Be Revised
	Salary - Police	1408		\$0.00	\$0.00	\$0.00	\$0.00	
	Manager Informations System	1408		\$35,000.00	\$35,000.00	\$4,113.25	\$4,113.25	In Progress
	Mgmt Improv - Fringe Benefits	1408		\$15,000.00	\$15,000.00	\$1,377.43	\$1,377.43	In Progress
PHA WIDE	Administrative Salaries	1410		\$129,687.00	\$129,687.00	\$8,450.54	\$8,450.54	In Progress
	Benefits	1410		\$16,858.00	\$16,858.00	\$3,912.57	\$3,912.57	In Progress
	Sundry	1410		\$2,500.00	\$2,500.00	\$0.00	\$0.00	In Progress
	Audit	1411		\$6,680.00	\$6,680.00	\$0.00	\$0.00	Pending
	Fees/Costs	1430		\$10,000.00	\$10,000.00	\$16,247.00	\$0.00	In Progress - To Be Revised
	Contingency	1502		\$54,148.00	\$54,148.00	\$0.00	\$0.00	
	Dwelling Struct.Fringe Benefits	1460		\$110,176.00	\$110,176.00	\$10,865.84	\$10,865.84	In Progress
	Pay Class Study	1408		\$10,000.00	\$10,000.00	\$10,530.00	\$0.00	Contracted - To Be Revised
	Maintenance Shop	1470		\$30,000.00	\$30,000.00	\$0.00	\$0.00	Pending
				\$2,229,109.00	\$2,229,109.00	\$523,784.13	\$39,825.61	

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

**Annual Statement /Performance and Evaluation Report
Capital Fund Program and Capital Fund Program
Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

HA Name	Grant Type and Number	FFY of Grant Ap
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19P015502-00	
	Replacement Housing Factor Grant No.:	2000

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-1 FAIRVIEW	Dec 2001			Dec 2002			
NC 15-2 LINCOLN	Dec 2001			Dec 2002			
NC 15-3 FAIRVIEW	Dec 2001			Dec 2002			
NC 15-4 LINCOLN	Dec 2001			Dec 2002			
NC 15-5 WOODCREST	Dec 2001			Dec 2002			
NC 15-6 ELMWOOD	Dec 2001			Dec 2002			
NC 15-7 WEST HAVEN	Dec 2001			Dec 2002			

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

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Annual Statement /Performance and Evaluation Report
Comprehensive Grant Program (CGP) Part I: Summary

**U.S. Department of Housing
and Urban Development**

OMB Approval No 2577-0157 (Exp 7/31/98)

Office of Public and Indian Housing

HA Name <div style="text-align: center; margin-top: 10px;">Housing Authority of the City of Goldsboro</div>	Comprehensive Grant Number <div style="text-align: center; margin-top: 10px;">NC19PO15708</div>	FFY of Grant Approval <div style="text-align: center; margin-top: 10px;">1999</div>
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<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement/Revision Number	<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending	12/31/2000
<input type="checkbox"/> Final Performance and Evaluation Report				

Line No.	Summary by Development Account		Total Estimated Cost		Total Actual Cost (2)	
			Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds					
2	1406	Operations (May not exceed 10% of line 19)	\$0.00	\$0.00	\$0.00	\$0.00
3	1408	Management Improvements	\$25,809.94	\$25,809.94	\$20,176.58	\$18,726.58
4	1410	Administration	\$164,408.00	\$164,408.00	\$162,589.94	\$162,589.94
5	1411	Audit	\$6,680.00	\$6,680.00	\$6,235.00	\$0.00
6	1415	Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430	Fees and Costs	\$28,212.00	\$28,212.00	\$19,541.00	\$19,541.00
8	1440	Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450	Site Improvement	\$145,000.00	\$145,000.00	\$99,071.48	\$99,071.48
10	1460	Dwelling Structures	\$1,394,907.74	\$1,394,907.74	\$1,509,514.69	\$1,026,145.15
11	1465.1	Dwelling Equipment - Nonexpendable	\$55,000.00	\$55,000.00	\$16,418.62	\$16,418.62
12	1470	Nondwelling Structures	\$11,455.61	\$11,455.61	\$11,455.61	\$11,162.81
13	1475	Nondwelling Equipment	\$27,890.00	\$27,890.00	\$22,377.03	\$22,377.03
14	1485	Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490	Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1	Relocation Costs	\$15,000.00	\$15,000.00	\$14,343.05	\$14,297.73
17	1498	Mod Used for Development	\$0.00	\$0.00	\$0.00	\$0.00
18	1502	Contingency (May not exceed 8% of line 19)	\$7,359.71	\$7,359.71	\$0.00	\$0.00
19	Amount of Annual Grant (Sum of lines 2-15)		\$1,881,723.00	\$1,881,723.00	\$1,881,723.00	\$1,390,330.34
20	Amount of line 19 Related to LBP Activities		\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of line 19 Related to Section 504 Compliance		\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 19 Related to Security		\$176,777.49	\$176,777.49	\$473,796.49	\$12,377.49
23	Amount of line 19 Related to Energy Conservation Measures		\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director and Date <div style="text-align: center; margin-top: 10px;">X</div>	Signature of Public Housing Director/Office of Native American Programs Administrator and Date <div style="text-align: center; margin-top: 10px;">X</div>
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(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

**Annual Statement /Performance and Evaluation Report
Comprehensive Grant Program (CGP) Part II: Supporting Pages**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-1 FAIRVIEW	Security Screens - windows	1460		\$0.00	\$0.00			To be Revised Complete
	Sitework	1450	L.S.	\$10,000.00	\$10,000.00	0.00	0.00	
	Laundromat	1470	L.S.	\$6,829.02	\$6,829.02	6,829.02	6,829.02	
NC 15-2 LINCOLN	Security Screens - windows	1460	137 DU	\$164,400.00	\$164,400.00	219,982.00	0.00	In Progress - To Be Revised To Be Revised
	Sitework	1450	L.S.	\$10,000.00	\$10,000.00	0.00	0.00	
NC 15-3 FAIRVIEW	Security Screens - windows	1460		\$0.00	\$0.00	0.00	0.00	To Be Revised
	Sitework	1450	L.S.	\$10,000.00	\$10,000.00	0.00	0.00	
NC 15-4 LINCOLN	Security Screens - windows	1460		\$0.00	\$0.00	241,437.00	0.00	In Progress - To Be Revised To Be Revised
	Sitework	1450	L.S.	\$10,000.00	\$10,000.00	0.00	0.00	
NC 15-5 WOODCREST	Termite Treatment	1460	75 D.U.	\$18,923.75	\$18,923.75	18,923.75	17,031.38	In Progress Complete - To Be Revised
	Sitework	1450	L.S.	\$2,000.00	\$2,000.00	289.40	289.40	
NC 15-6 ELMWOOD	Comprehensive Renovations	1460	30 DU	\$1,000,000.00	\$1,000,000.00	781,721.86	771,584.34	In Progress - To Be Revised
	Relocation Cost	1495	L.S.	\$15,000.00	\$15,000.00	14,343.05	14,297.73	In Progress - To Be Revised
	Ranges	1465	10 DU	\$10,000.00	\$10,000.00	2,521.00	2,521.00	Complete - To Be Revised
	Refrigerators	1465	10 DU	\$14,000.00	\$14,000.00	4,886.56	4,886.56	Complete - To Be Revised
	Fees & Cost/Engineering	1430	L.S.	\$18,212.00	\$18,212.00	18,212.00	18,212.00	Complete
	Sitework - Gasline Replacement	1450	L.S.	\$80,000.00	\$80,000.00	87,975.29	87,975.29	Complete - To Be Revised
	Sitework	1450	L.S.	\$3,000.00	\$3,000.00	1,455.75	1,455.75	Complete - To Be Revised
NC 15-7 WEST HAVEN	Termite Treatment	1460	350 D.U.	\$79,103.50	\$79,103.50	79,103.50	71,193.15	In Progress
	Security Screens - windows	1460		\$0.00	\$0.00	0.00	0.00	
	Security Screens - Doors	1460	L.S.	\$12,377.49	\$12,377.49	12,377.49	12,377.49	Complete Complete - To Be Revised
	Sitework	1450	L.S.	\$10,000.00	\$10,000.00	9,176.90	9,176.90	
NC 15-8 LITTLE WASHINGTON	Termite Treatment	1460	50 D.U.	\$20,103.00	\$20,103.00	20,103.00	18,092.70	In Progress To Be Revised
	Sitework	1450	L.S.	\$10,000.00	\$10,000.00	0.00	0.00	

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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Annual Statement /Performance and Evaluation Report
Comprehensive Grant Program (CGP) Part II: Supporting Pages
U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA WIDE DWELLING EQUIPMENT	Ranges	1465	8 DU	\$13,000.00	\$13,000.00	\$1,993.86	\$1,993.86	Complete - To Be Revised
	Refrigerators	1465	19 DU	\$18,000.00	\$18,000.00	\$7,017.20	\$7,017.20	Complete - To Be Revised
PHA WIDE NONDWELL STRUCTURES	Termite Treatment	1470	L.S.	\$2,928.00	\$2,928.00	\$2,928.00	\$2,635.20	In Progress
	Fringe Benefits	1470	L.S.	\$1,698.59	\$1,698.59	\$1,698.59	\$1,698.59	Complete
PHA WIDE NONDWELL EQUIPMENT	Auto Equipment	1475		\$9,890.00	\$9,890.00	\$9,890.00	\$9,890.00	Complete
	Computer Upgrade	1475		\$5,000.00	\$5,000.00	\$12,487.03	\$12,487.03	Complete - To Be Revised
	Office & Maintenance Equipment	1475		\$13,000.00	\$13,000.00	\$0.00	\$0.00	To Be Revised
PHA WIDE	Operations	1406		\$0.00	\$0.00	\$0.00	\$0.00	
	Resident Management Training/ Assist Resident Groups	1408		\$0.00	\$0.00	\$0.00	\$0.00	
	Employee Training	1408		\$10,000.00	\$10,000.00	\$4,263.35	\$4,263.35	Complete
	Consult Computer Conversion	1408		\$5,000.00	\$5,000.00	\$7,710.45	\$7,010.45	In Progress
	Occupancy Procedures	1408		\$809.94	\$809.94	\$1,559.94	\$809.94	In Progress - To Be Revised
	Computer Software	1408		\$10,000.00	\$10,000.00	\$6,642.84	\$6,642.84	Complete - To Be Revised
	Salary - Police	1408		\$0.00	\$0.00	\$0.00	\$0.00	
PHA WIDE	Administrative Salaries	1410		\$130,500.00	\$130,500.00	\$119,304.60	\$119,304.60	Complete - To Be Revised
	Benefits	1410		\$31,408.00	\$31,408.00	\$41,006.17	\$41,006.17	Complete - To Be Revised
	Sundry	1410		\$2,500.00	\$2,500.00	\$2,279.17	\$2,279.17	Complete - To Be Revised
	Audit	1411		\$6,680.00	\$6,680.00	\$6,235.00	\$0.00	In Progress - To Be Revised
	Fees/Costs	1430		\$10,000.00	\$10,000.00	\$1,329.00	\$1,329.00	Complete - To Be Revised
	Contingency	1502		\$7,359.71	\$7,359.71	\$0.00	\$0.00	Complete
	Fringe Benefits	1460		\$100,000.00	\$100,000.00	\$135,866.09	\$135,866.09	Complete - To Be Revised
	Sitework - Fringe Benefits	1450		\$0.00	\$0.00	\$174.14	\$174.14	Complete
				\$1,881,723.00	\$1,881,723.00	\$1,881,723.00	\$1,390,330.34	

Signature of Executive Director and Date

X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

Annual Statement /Performance and Evaluation Report
CompreFensive (rant Program)C(PI Part :::h :mplementation ScFedule

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-1 FAIRVIEW	Dec 2000		Dec 2000	Dec 2001		Dec 2000	
NC 15-2 LINCOLN	Dec 2000		Dec 2000	Dec 2001			
NC 15-3 FAIRVIEW	Dec 2000		Dec 2000	Dec 2001			
NC 15-4 LINCOLN	Dec 2000		Dec 2000	Dec 2001			
NC 15-5 WOODCREST	Dec 2000		Dec 2000	Dec 2001			
NC 15-6 ELMWOOD	Dec 2000		Dec 2000	Dec 2001			
NC 15-7 WEST HAVEN	Dec 2000		Dec 2000	Dec 2001			
Signature of Executive Director and Date				Signature of Public Housing Director/Office of Native American Programs Administrator and Date			
X				X			

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.